

LETTER OF RECOMMENDATION
TO
Arkansas Board of Examiners in Counseling

The applicant must complete items 1-3. Item 4 is optional.

1. Applicant's Name: _____

2. Applicant's Address: _____

3. Proposed Area(s) of Counseling Practice: _____

4. I waive the right by the Family Education Rights and Privacy Act of 1974
(Buckley Amendment) to view this letter of recommendation on file with Board.

Signature: _____

Forward this form to an individual well acquainted with your education and counseling.

To Writer of Letter of Recommendation:

Length of time you have know applicant: Dates from: _____ **to** _____

Please rate the applicant in the following categories:

No Opinion 1=Poor 2=Fair 3=Good 4=Very Good 5=Excellent

Professional Ethics: _____

Professional Knowledge: _____

Personal Character: _____

Professional Training: _____

Counseling Skill Application: _____

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Institution Name: _____ **Address:** _____

Arkansas Board of Examiners in Counseling
P.O. Box 70
Magnolia, AR 71754-0070